

Application for Link-Up Florida and Lifeline Telephone Assistance Based on Household Income

The Link-Up Florida and Lifeline Telephone Assistance programs are available to *low-income, residential household*.

Link-Up reduces the first installation and service transfer fees by 50% up to \$30.

Lifeline reduces the local basic telephone service charge by \$13.50 monthly.

Lifeline/Link-Up is only available for one telephone landline per address.

To qualify under income guidelines, your household income must be no greater than 135% of the federal poverty guidelines. Documentation showing your household income **must** accompany this application.

Name (please print): Last four digits of Social Security Number: _____	Name as it appears on phone bill (please print): Telephone Number (number must be in the name of the person requesting service): () _____ Name of your telephone company: _____ Are you applying for Link-Up? _____ <i>Contact your company for the correct process of requesting Link-Up.</i> If you are <u>not</u> a customer of BellSouth, Embarq or Verizon, please contact your telephone company to apply for Lifeline/Link-Up.
Service Address (number and street): _____ Apt./Lot/Unit/Room #(circle one): _____ City: _____ State: _____ Zip Code: _____ Mailing Address (if different from service address): _____ _____ _____	How many people live in your household? Total Number: _____ Number of children under age of 18: _____ What is your total monthly/yearly household income? \$ _____ (monthly / yearly) <i>(Please see back for income guideline chart)</i> Number of people receiving income: _____
<p style="text-align: center;">Please be sure to enclose the following in order to expedite processing:</p> <p style="text-align: center;"> <input type="checkbox"/> Application <u>completed</u> and signed <input type="checkbox"/> Proof of total household income (<i>See back for examples</i>) <input type="checkbox"/> Recent copy of phone bill </p>	

Please read the following statement carefully before signing.

I certify under penalty of law that I am the applicant for the Link-Up Florida and Lifeline Telephone Assistance program requested above. I agree to notify the telephone company when I am no longer eligible for this assistance program. The information provided above and its attachments are true and correct.

Applicant Signature

Income Guideline Chart

135% of the Poverty Level

Number of People in Household	/	Total Household Income
	(monthly)	
1	1,149	\$13,784
2	1,540	18,482
3	1,932	23,180
4	2,323	27,878
5	2,715	32,576
6	3,106	37,274
7	3,498	41,972
8	3,889	46,670

*each additional person \$4,698

Examples of Proof of Household Income and Supporting Documents

- Social Security Statement of Benefits
- U.S. Income Tax Return
- W-2 Wage and Tax Statements
- Food Stamp, Medicaid, Public Housing, LIHEAP, TANF, SSI, and WAGES eligibility determination letters that show the income of the household
- Veteran's Administration Statement of Benefit
- Unemployment Statement of Benefits
- Bank Statement that shows the income of the household
- Workmen's Compensation Statement of Benefit
- Divorce or Child Support Decree
- 3 Consecutive Pay Stubs
- Other official documents that state your income

****You only need to send the document(s) that apply to your household**

Please return this form to:

(Faxes are not accepted)

**Office of the Public Counsel
c/o The Florida Legislature
111 West Madison Street, Room 812
Tallahassee, Florida 32399-1400**

For more information call: 1-800-540-7039